

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000990

FILED
May 02, 2008
Secretary of State

Entity Name: EQUITY APPRAISAL SERVICES, LLC

Current Principal Place of Business:

180 12TH AVE NE
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

180 12TH AVE NE
NAPLES, FL 34120

New Mailing Address:

FEI Number: 20-8159146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCANN, ASHLEY L
180 12TH AVE NE
NAPLES, FL 34120 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCANN, ASHLEY L
Address: 180 12TH AVE NE
City-St-Zip: NAPLES, FL 34120

Title: MGR () Delete
Name: MCCANN, JOHN R
Address: 180 12TH AVE NE
City-St-Zip: NAPLES, FL 34120

Title: MGR () Delete
Name: LAW, SUSAN K
Address: 3400 25TH AVE SW
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN R. MCCANN

MGRM

05/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date